

FIG. 1

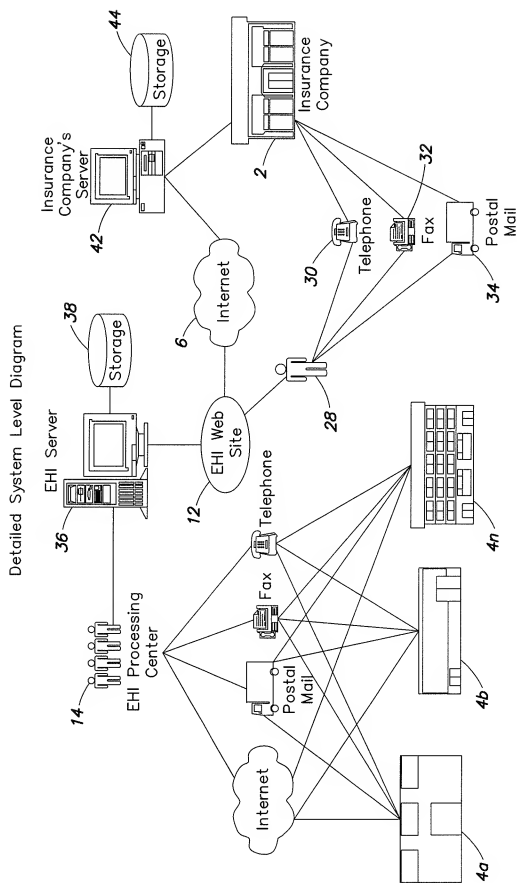


FIG. 2

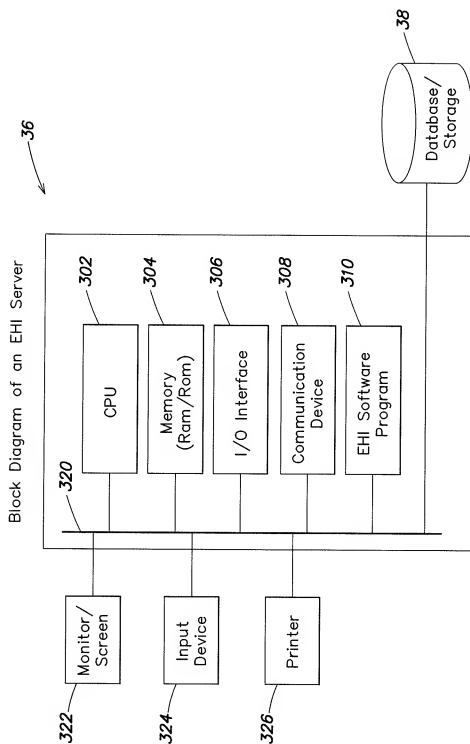


FIG. 3

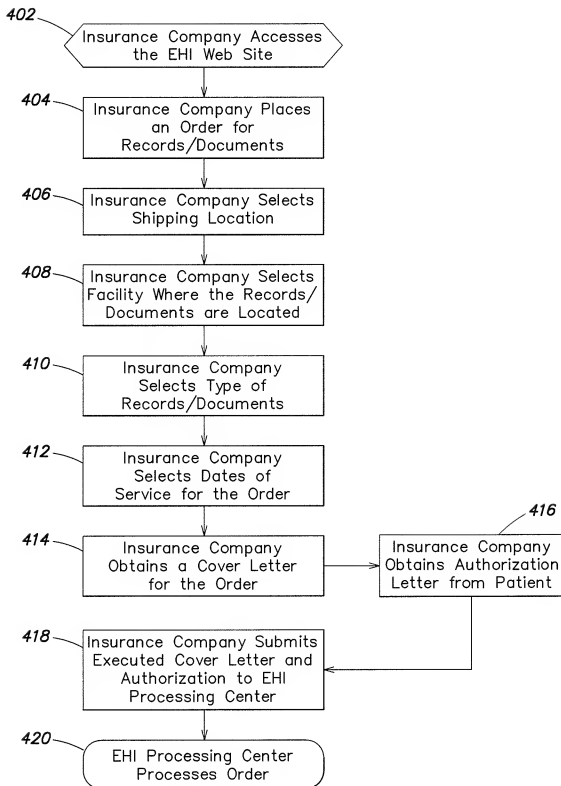


FIG. 4

# Replacement Sheet

http://betaweb.ehealth.com/order-step1.asp-Microsoft Internet Explorer provided by Pillsbury Madison&Sutro LLP

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Back Forward Stop Refresh Home Search Favorites History Channels Fullscreen Mail Print Edit

Address: http://betaweb.ehealth.com/order-step1.asp Links

EHP Step 1 of 5 - Whose record do you need ?

Blue fields are required!

500

502 Claim #

504 First Name

506 Last Name

508 Social Security Number

510 Date of Birth (mm/dd/yyyy)

512 Maiden Name

514 Drivers License Number

516 Guardian First Name

518 Guardian Last Name

This is the first of five steps needed to place an order for records/documents.

Please fill out the information form to the left and press 'Proceed' to move on to step two. Blue fields are required to process your order.

PROCEED TO STEP 2

PLEASE NOTE - Guardian first and last name is required if records are requested for anybody under the age of 18.

CANCEL-GO TO MAIN MENU

Internet Zone

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FIG. 5A

# Replacement Sheet

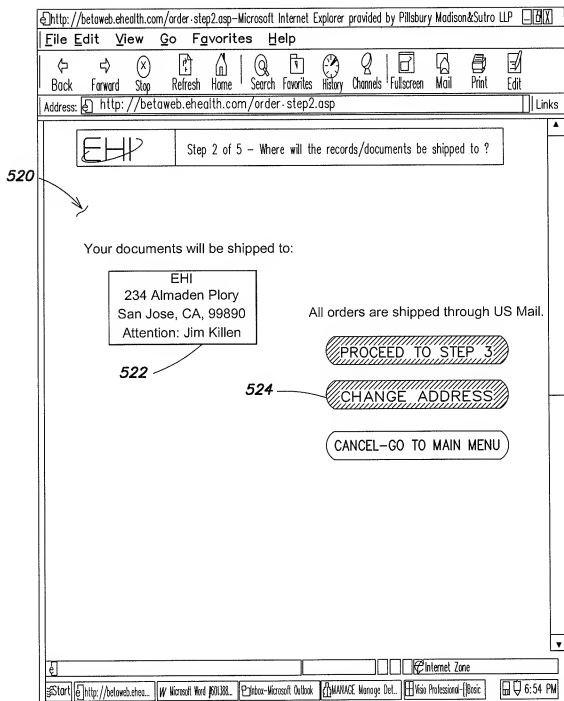


FIG. 5B

# Replacement Sheet

http://betaweb.ehealth.com/order-step3.asp-Microsoft Internet Explorer provided by Pillsbury Madison&Sutro LLP

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscreen Mail Print Edit

Address: http://betaweb.ehealth.com/order-step3.asp Links

Press 'Select Facility' to specify where the documents/records are currently located.

You currently have no facility request associated with this order. Please select the facilities where the documents/records can be found.

Select Facility

Please Select Address

CANCEL-GO TO MAIN MENU

532

530

534

Select the types of records you are interested in at this facility. Types marked in orange will result in a separate facility request for that specific information.

<input type="checkbox"/> Any and all records (does not include types marked in orange)	<input type="checkbox"/> Consultation Reports
<input type="checkbox"/> Admission Report	<input type="checkbox"/> Pathology Reports
<input type="checkbox"/> Discharge Report	<input type="checkbox"/> Radiology/Nuclear Reports
<input type="checkbox"/> IER Records	<input type="checkbox"/> Delivery Records
<input type="checkbox"/> Lab Reports	<input type="checkbox"/> Newborn Notes
<input type="checkbox"/> Operative Reports	<input type="checkbox"/> X-Ray Films
<input type="checkbox"/> All Physicians Notes	<input type="checkbox"/> Nuclear Scans
<input type="checkbox"/> All Nurses Notes	<input type="checkbox"/> Physical Therapy Notes
<input type="checkbox"/> Physicians Orders	<input type="checkbox"/> Hemized Bills/CPT, Diagnostic Code, Whiteouts and Adjustments

536

538

Press 'Add' to add this facility request to your order. You will be taken back to the top of your screen.

ADD FACILITY TO MY ORDER

Starting Date

Ending Date

Internet Zone

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FIG. 5C

540

http://betaweb.ehealth.com/abook.asp

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscreen Mail Print Edit

Address: http://betaweb.ehealth.com/abook.asp Links

EHP Address Selection

Type any part of name or address for lookup

Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/> <input type="text"/>
Phone	<input type="text"/> <input type="text"/>
Fax	<input type="text"/> <input type="checkbox"/> Verified
Attention	<input type="text"/>

LOOKUP CLEAR CANCEL

USE ADDRESS AND CONTINUE

Internet Zone

Start http://betaweb.ehea... Microsoft Word 600388... Outlook MANAGE Manage Del... Visio Professional-Basic 7:08 PM

FIG. 5D



# Replacement Sheet

http://betaweb.ehealth.com/abook.asp

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscreen Mail Print Edit

Address: http://betaweb.ehealth.com/abook.asp Links

**EHP** Address Selection

Found 3 matching addresses

Name	Melvins House of Fish						
Address	208 Main Street						
City	Whitecastle						
State	AS	Zip	33221				
Phone		Ext.					
Fax		82	Verified				
Attention							

LOOKUP CLEAR CANCEL

542 USE ADDRESS AND CONTINUE.

Name	Address	City	State	Zip	Phone	Ext	Attention
Melvins House of Fish	208 Main Street	Whitecastle	AS	33221			
Melvins House of Fish	208 Main Street	Whitecastle	AS	33221			
Melvins House of Fog	33132 Lotus Blvd	Fiddlewood	NJ	23440	832-222-3204		


First Previous Next Last Page 1 of 1

Done Internet Zone

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FIG. 5E

# Replacement Sheet


532  **Press 'Select Facility' to specify where the documents/records are currently located.**

You currently have no facility request associated with this order. Please select the facilities where the documents/ records can be found.


Select all facilities before proceeding to Step 4

**Select Facility**

Melvins House of Fish	<b>CANCEL—GO TO MAIN MENU</b>
208 Main Street	
Whitecastle, AS. 33221	


539  **Select the types of records you are interested in at this facility. Types marked in orange will result in a separate facility request for that specific information.**

<input type="checkbox"/> Any and all records (does not include types marked in orange)	<input type="checkbox"/> Consultation Reports
<input type="checkbox"/> Admission Report	<input type="checkbox"/> Pathology Reports
<input type="checkbox"/> Discharge Report	<input type="checkbox"/> Radiology/Nuclear Reports
<input type="checkbox"/> ICR Records	<input type="checkbox"/> Delivery Records
<input type="checkbox"/> Lab Reports	<input type="checkbox"/> Newborn Notes
<input type="checkbox"/> Operative Reports	<input type="checkbox"/> X-Ray Films
<input type="checkbox"/> All Physicians Notes	<input type="checkbox"/> Nuclear Scans
<input type="checkbox"/> All Nurses Notes	<input type="checkbox"/> Physical Therapy Notes
<input type="checkbox"/> Physicians Orders	<input type="checkbox"/> Itemized Bills/CPT, Diagnostic Code, Writeoffs and Adjustments

536  **Please select the dates of service for this facility request. If you have selected 'Any and All Records' in Section B, you don't need to fill this section out as you are requested ALL records for this patient regardless of dates of service. If you leave Starting Date and Ending Date blank, we'll request records that have any date of service.**

Starting Date

Ending Date

538  **Press 'Add' to add this facility request to your order. You will be taken back to the top of our screen.**

**ADD FACILITY TO MY ORDER**

Internet Zone

Start: http://betaweb.ehea... W Microsoft Word #00388... P John-Microsoft Outlook... MANAGE Manage Del... Win Professional-Basic 7:13PM

FIG. 5F

600

604

BAR CODE

606

RELEASE AUTHORIZATION COVER SHEET

ORDER # 000xxx - JOHN DOE

THIS COVER SHEET HAS BEEN SENT IN RESPONSE TO AN ORDER  
MADE TO OUR EHI SERVERS AT WWW.EHEALTH.COM.

THIS COVER SHEET SHOULD BE PLACED IN FRONT OF ANY  
AUTHORIZATION MATERIAL YOU HAVE. FAX ALL PAGES TO THE EHI  
PROCESSING CENTER AT (xxx) xxx-xxxx

YOU MAY ALSO MAIL THIS INFORMATION TO THE EHI PROCESSING  
CENTER, BUT THIS WILL INCREASE THE PROCESSING TIME.

**FIG. 6**